



Building Inspection Division
 409 South Main Street
 Harrisonburg VA 22801-7531
 Telephone: 432-7700
 Fax: 540-432-7777

Roofing Permit No: _____

Master Building Permit No: _____

Contractor's DPOR Registration Number: _____

License Class: _____

Harrisonburg Business License Number: _____

_____ VCC _____ VRC _____ VREHABC Code Cycle _____

ROOFING PERMIT APPLICATION

Property Owner: _____

Mailing Address: _____

City: _____ State: _____

Zip Code: _____ Telephone No: _____

Work:

Contracted by Performed by Supervised by

Name: _____

Mailing Address: _____

City: _____ State: _____

Zip Code: _____ Telephone No: _____

Location of Work:

 (House No. and Street Name)

Sheet _____ Block _____ Lot(s) _____

TYPE OF ROOFING

Asphalt Shingles <input type="checkbox"/>	Fiber Glass Shingles <input type="checkbox"/>
Rubber Roof <input type="checkbox"/>	Metal <input type="checkbox"/>
Single Ply Membrane <input type="checkbox"/>	Built-Up <input type="checkbox"/>

Is the old roof being removed? Yes No

*Has roof been inspected for Asbestos? Yes No

Asbestos report submitted to Building Inspection Office? Yes No

* For further information see attached Asbestos Regulations Compliance form.

Present Use: _____

Proposed Use: _____

Brief Description and Remarks:

Estimated Total Value of Construction (including materials and labor):

\$ _____

Fee: \$ _____ State Levy: \$ _____

Total Fee: \$ _____

I hereby certify that this proposed work will be done with the owner's consent and I acknowledge that I have read this application and the statements herein and agree that the work will be done as stated.

Applicant Signature: _____

Building Division Signature:

You may also apply for a roofing permit online at <https://permits.harrisonburgva.gov/>